

09/24/98
JCSA US, PTO
Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **KCX-26-DIV**
First Inventor or Application Identifier **Terry N. Tankersley**
Title **Folded Surgical Gown for Aseptic Donning, Apparatus and Method for Producing Same**
Express Mail Label No. **EL104845345US**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages **28**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets **16**]
4. Oath or Declaration [Total Pages **3**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b, is
considered to be part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
9. 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 - Small Entity Statement filed in prior application,
14. Statement(s) Status still proper and desired
(PTO/SB/09-12)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Other: **Express mail certificate**

NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.17), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

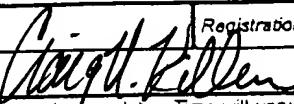
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

Continuation Divisional Continuation-in-part (CIP) of prior application No: **08/827,920**

Prior application information: Examiner **Chapman, J.** Group / Art Unit: **3741**

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below	
Name Craig N. Killen		
Address PO Box 1449		
City Greenville	State SC	Zip Code 29602-1449
Country United States	Telephone 803-256-2005	Fax 803-933-0066

Name (Print/Type) Craig N. Killen	Registration No. (Attorney/Agent) 35,218
Signature 	Date 9-24-98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.Small Entity payments must be supported by a small entity statement
otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

Complete If Known

Application Number	
Filing Date	herewith
First Named Inventor	Terry N. Tankersley
Examiner Name	
Group / Art Unit	
Attorney Docket No.	KCX-26-DIV

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 04-1403

Deposit Account Name Dorothy & Manning, P.A.

 Charge Any Additional Fee Required Under 37 C.F.R. § 1.18 and 1.17 Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance2. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee		790.00	
108 330	208 165	Design filing fee			
107 540	207 270	Plant filing fee			
108 790	208 395	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1) (\$)		790.00			

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	17	-20** = 0	
Independent Claims	2	- 3** = 0	
Multiple Dependent			

** or number previously paid, if greater; For Reissues, see below

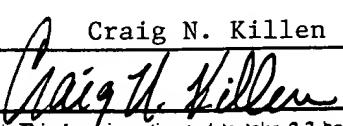
Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
108 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 85	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
118 400	218 200	Extension for reply within second month			
117 950	217 475	Extension for reply within third month			
118 1,510	218 755	Extension for reply within fourth month			
128 2,060	228 1,030	Extension for reply within fifth month			
119 310	219 155	Notice of Appeal			
120 310	220 155	Filing a brief in support of an appeal			
121 270	221 135	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,320	241 880	Petition to revive - unintentional			
142 1,320	242 880	Utility issue fee (or reissue)			
143 450	243 225	Design issue fee			
144 670	244 335	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
126 240	126 240	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
148 790	248 395	Filing a submission after final rejection (37 CFR 1.129(a))			
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))			
Other fee (specify)					
Other fee (specify)					
Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					

SUBTOTAL (3) (\$)

SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	Craig N. Killen		Reg. Number	35,218
Signature			Date	9-24-98
			Deposit Account User ID	

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



EXPRESS MAIL CERTIFICATE

"Express Mail" - Mailing Label Number EL104845345US
Date of Deposit September 24, 1998

I hereby certify that this paper and any referenced attachment and/or fee are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington D.C. 20231.

Martha Boynton

(Typed or printed name of person mailing paper or fee)

Martha Boynton

(Signature of person mailing paper or fee)